

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90001 019 ***150.00

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1. Entity Name
MORA INC.

Principal Place of Business
12228 SW 143 LANE
MIAMI, FL 33187

Mailing Address
12228 SW 143 LANE
MIAMI, FL 33187

50025332



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08102006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
20-2586745

Applied For
 Not Applicable

Zip **33186** Country

Zip **33186** Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDROS, JULIA L
12228 SW 143 LANE
MIAMI, FL 33187

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code **33186**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
PRES
 NAME **MORA, LAZARO J**
 STREET ADDRESS **12228 SW 143 LANE**
 CITY-ST-ZIP **MIAMI, FL 33187**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VP
 NAME **ANDROS, JULIA L**
 STREET ADDRESS **12228 SW 143 LANE**
 CITY-ST-ZIP **MIAMI, FL 33187**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
SEC
 NAME **CASTILLO, CARLOS**
 STREET ADDRESS **12228 SW 143 LANE**
 CITY-ST-ZIP **MIAMI, FL 33187**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
T
 NAME **RODRIGUEZ, AGUSTIN**
 STREET ADDRESS **12228 SW 143 LANE**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Lazaro Mora Lazaro Mora X 8.10.06 X 3052590510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #